CLAIMS ONLY

Application Number	Filing Date
10605417	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2	1						52						
3		1					53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8							58						
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41							91						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	6						Total Indep						
Total Depend	1						Total Depend						
Total Claims	7						Total Claims						